



Studio Sannino S.a.s.

Centro di Formazione Professionale e Consulenza Aziendale

Accreditato da Regione Lombardia - ID operatore 905597

Via Privata Alessandro Antonelli 3, 20139 Milano (MI) - Tel. 02 2891586 - Fax 02 26891602

www.studiosannino.it - info@studiosannino.it

Milano, 03.01.2017

Studentship Funding Agreement - Realtors

Studio Sannino intends to fund in the region of 2 studentships, starting in 2017 to deliver new experts with practical benefits.

Studio Sannino provides support to a number of postgraduate students who are engaged in research projects relevant to realtors.

The aim of this programme is to help develop the next generation of technical experts for the real estate market.

Applicants will be expected to demonstrate that their proposals meet the priorities of at least one of the Studio Sannino sector divisions participating in the programme.

The project includes:

1. Analysis of the real estate industry in your country;
2. Comparative analysis of the industry immobiliare state to state in relation to a European capital.

Funding levels:

1. training course of 220 hours realtor



Studio Sannino S.a.s.

Centro di Formazione Professionale e Consulenza Aziendale

Accreditato da Regione Lombardia - ID operatore 905597

Via Privata Alessandro Antonelli 3, 20139 Milano (MI) - Tel. 02 2891586 - Fax 02 26891602

www.studiosannino.it - info@studiosannino.it

Registration/ Enrolment Information

WHEREAS:

The Parties wish to enter into this Agreement in order to govern the funding and conduct of a post-graduate Studentship relating to an Industry, to enable a Student to carry out a research Project and to submit a thesis for examination for a higher degree in furtherance of the Student's career.

Date: _____

Student's Legal Name: _____ Home Phone: _____

Preferred Name: _____ Grade: _____

Mailing Address: _____ City: _____ ST: ___ ZIP: _____

Physical Street Address: _____

Date of Birth: _____ Gender: _____ Current Age: _____

Place of Birth: _____ State: _____ Birth Certificate? Y N

Previous School:

Name of School: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

attachments: passport, VISA, diploma, CV (resumè).

Student Signature _____